

City of Cottage Grove
400 E. Main St.
Cottage Grove, OR 97424



New account # _____

Phone: (541) 942-3346
Fax: (541) 942-5125
Email: cgwater@cottagegrove.org

Water/Sewer Service Application

Service Address: _____ Date to Activate Service: _____
(Monday-Friday)

Residence _____ Business _____ Own _____ Rent* _____

Have you and/or Co-applicant had service with the City of Cottage Grove previously? Yes _____ No _____

Photo Identification Required for All Applicants

PRIMARY APPLICANT:

Name: _____

Phone: _____ Email: _____

Mailing Address for Statement: _____

Same as Service Address

City _____ State _____ Zip Code _____

CO-APPLICANT:

Name: _____

Phone: _____ Email: _____

*Rental/Lease Agreement Required

Landlord Name: _____ Phone #: _____

Other tenants: _____
(over age 18)

All applicants shall pay a nonrefundable service fee as set forth in the comprehensive fee schedule. (Service Fee \$35.00)
At the time request for water service is made, any customer who is not the owner of the property shall make a deposit as set forth in the comprehensive fee schedule. (Deposit \$150.00)
The deposit may be waived upon the submittal of a letter of credit from a utility company which has provided service to the applicant within the previous three months, and demonstrates an acceptable credit history of no past dues for a period of twelve months. The deposit may also be waived for an applicant who has previously established a record of good credit with the city. (Cottage Grove Municipal Code 13.04.040)

I/We hereby affirm that all information on this application is true and correct. I/We will assume the full responsibility of all financial obligations at the above service address until I/we notify the city in writing to discontinue service.

I/We have received a copy of the City of Cottage Grove's utility policy and will adhere to all rules and regulations stated in this policy.

I/We hereby promise to pay all bills for such service when due, and abide by all ordinances regulating the use of City utilities and any other rules and regulations which may be adopted by the City Council concerning said service.

Applicant Signature _____

Date _____

Co-Applicant Signature _____

Date _____

(For Office Use Only)

Rental Agreement Verified: _____

Service fee: Paid _____

Previous Acct Verified: SB _____ IC _____

Deposit: Paid _____ LOC _____

Primary ID/DOB: _____

Primary #: _____

Co-app. ID/DOB: _____

Co-app #: _____

Date: _____ Clerk: _____